Overview of Life Events Since 1996

Please tell us a bit about what you have experienced since 1996 (e.g., becoming a grandparent, beginning or ending of a serious relationship, developments or changes in work, serious illness or accident, death of loved ones). Please provide the appropriate dates.

Is this time of your life ___first-rate, ___good, ___fair, ___ not so good?

Work and Retirement

At present, do you work for pay (check one): ____ full-time; ____ part-time; ____ very little or not at all

Whether or not you are working at present, rate the questions below from 1 (not at all) to 5 (very much):

How satisfied are you or were you with your current or most recent work?	1	2	3	4	5
How satisfied are you with your lifetime achievements in work?	1	2	3	4	5
How important is work to your sense of identity?	1	2	3	4	5

How secure is your overall financial situation? (not at all secure) 1 2 3 4 5 (very secure)

In thinking about your retirement status, which one of the following describes you best:

____ Retired (in what year? _____)

____ Partially-retired (since what year? _____)

____ Not yet retired (what year planning to retire? _____)

____ Hope never to retire

____ The concept of retirement does not apply to me.

If already retired, how do you feel about your retirement? (very dissatisfied) 1 2 3 4 5 (very satisfied)

Approximately how many hours per week do you spend doing each activity below:

____ Paid work (e.g., salaried work, self-employment)

____ Participation in community or service activities

____ Own private pursuits and hobbies

____ Informal time with partner

____ Informal time with family and friends

____ Activities with friends

____ Caretaking for adults (who? _____)

____ Care of grandchildren

____ Care of home

Health

How would you rate your general state of health? ___Poor, ___Below average, ___Average, ___Above average, ___Excellent

Have you had surgery since 1997? ___No ___Yes. If yes, what kind and when?

Have you been hospitalized since 1997? ___No ___Yes. If yes, why, when, and for how long?

Current health concerns. Please list up to four health conditions (e.g., arthritis, cancer, heart condition) you have faced in the rows below. Then for each of the conditions, please indicate its **seriousness (e.g., threat to life)**, the **degree to which the condition causes you pain,** and the **degree to which the condition interferes with your daily life or your sleep**. Use the following scale to make these ratings:

1=Very mild, 2=Mild, 3=Moderate, 4=Severe, 5=Very severe

In addition, please describe each condition you have faced in more detail (e.g., arthritis in knee) and list any medications that you use for the condition.

Physical condition	Seriousness (1-5)	Pain (1-5)	Interference (1-5)	Details of condition (please describe)	Medications (please list)

Emotion

Next, we would like to ask you some questions about how you express and control (that is, regulate and manage) your emotions. Although some of the following questions may seem similar to one another, they differ in important ways. Please use the following seven-point scale:

1----------2----------3----------4----------5----------6----------7

strongly disagree **neutral** **strongly agree**

_____1. I keep my emotions to myself.

_____2. I control my emotions by *not expressing them*.

_____3. When I'm happy, my feelings show.

_____4. When I am feeling *positive* emotions, I am careful not to express them.

_____5. When I am feeling *negative* emotions, I make sure not to express them.

_____6. Whenever I feel positive emotions, people can easily see exactly what I am feeling.

What is Satisfying? What is Important?

Please rate your satisfaction with each of the following life aspects from 0 (worst possible) to 10 (best possible). Then indicate the personal importance of each of the following in the right column from 0 (not at all important) to 10 (very important). If an item does not apply to you, put NA.

Satisfaction		Importance
	My health	
	Health of others	
	My financial situation or resources	
	My current work situation overall (paid or unpaid, at work or at home)	
	My marriage or intimate relationship	
	The sexual aspect of my life	
	My looks, physical appearance	
	My friendships	
	My relationship with my children	
	What I've accomplished	
	What I'm like as a person	
	My interests, activities	
	The state of the world (e.g., environment, globalization)	
	The way things are going in the United States at this time	
	My contribution to the welfare and well-being of others	
	My spiritual life	
	My life overall	XX

How much do you feel loved and appreciated?	very little 1	2	3	4	very much 5
Do you feel the pressures in your life are...	too little 1	2	about right 3	4	too great? 5

We are interested in your experience of life during the last few years. Please rate the items below for your feelings now on the following 3-point rating scale.

1=Not at all descriptive, 2=Somewhat descriptive, 3=Very descriptive

_____ 1. Feeling secure and committed

_____ 2. Discovering new parts of myself.

_____ 3. Knowing there are things I'll never do.

_____ 4. Feeling very much alone

_____ 5. Feeling I will never get myself together

_____ 6. Feeling needed by people.

_____ 7. Thinking a lot about death.

_____ 8. Feeling my life is moving well.

_____ 9. Searching for a sense of who I am.

_____ 10. Depression and resentment or disillusionment

_____ 11. Influence in my community or area of interest.

_____ 12. Feeling the importance of time's passing.

_____ 13. A new level of productivity or effectiveness.

_____ 14. Feeling optimistic and cheerful about the future

_____ 15. Interest in things beyond my own family.

_____ 16. Feeling weak, incompetent, or not as strong as other people

_____ 17. Effort to ensure that younger people get their chance to develop.

Please use the following rating scale to indicate how well each statement describes you.

very uncharacteristic 1 2 3 4 very characteristic 5

_____ 1. I have confidence in my own opinions, even if they are contrary to the general consensus.

_____ 2. I judge myself by what I think is important, not by the values of what others think is important.

_____ 3. Maintaining close relationships has been difficult and frustrating for me

_____ 4. I have not experienced many warm and trusting relationships with others

_____ 5. I have the sense that I have developed a lot as a person over time.

_____ 6. For me, life has been a continuous process of learning, changing, and growth.

_____ 7. I enjoy making plans for the future and working to make them a reality.

_____ 8. I used to set goals for myself, but that now seems like a waste of time.

_____ 9. In general, I feel I am in charge of the situation in which I live.

_____ 10. I do not fit very well with the people and community around me.

_____ 11. When I look at the story of my life, I am pleased with how things have turned out.

_____ 12. In many ways I feel disappointed about my achievements in life.

_____ 13. I have high self-esteem.

_____ 14. I can be myself with others.

_____ 15. It is easy to express my true attitudes and feelings during interactions with others.

_____ 16. I feel artificial in my interactions with others.

_____ 17. I change myself to get along with others.

Relationships

Please rate how much you agree with each of the statements below on a scale from 1 (strongly disagree) to 7 (strongly agree).

_____1. When I need suggestions on how to deal with a problem, I know someone I can turn to.

_____2. If I wanted to have lunch with someone, there are plenty of people I could ask.

_____3. I don't often get invited to do things with others

_____4. If I need a ride somewhere, there is someone I can call who would come and take me.

_____5. I feel that there is no one I can share my most private worries and fears with.

_____6. If I were sick, I could easily find someone to help me out.

Are you presently ___single, ___ widowed, ___in a stable couple relationship, ___ married?

If you are married or in a couple relationship:

How satisfied are you in it? (very dissatisfied) 1 2 3 4 5 (very satisfied)

Please answer the following questions about your partner on a scale from 1 (not at all) to 5 (very well).

____ How well does your partner understand you: your feelings, your likes and dislikes, problems you may have?

____ How well do you understand your partner?

____ How much do you enjoy spending time with your partner?

____ How often do you disagree about how much to spend on various things?

____ How satisfied are you with the way decisions are made?

ADJECTIVE CHECK LIST. **This questionnaire contains a list of adjectives. Please read them quickly and put an X in the box beside each one you would consider to be self-descriptive. Do not worry about duplications, contradictions, and so forth. Work quickly and do not spend too much time on any one adjective. Try to be frank, and check those adjectives which describe you as you really are, not as you would like to be.**

____absent-minded
____active
____adventurous
____affectionate
____alert
____ambitious
____anxious
____appreciative
____arrogant
____artificial
____artistic
____assertive
____attractive
____authentic
____bitter
____calm
____capable
____careless
____cheerful
____clear-thinking
____cold
____commonplace
____complaining
____complicated
____conscientious
____conservative
____contented
____conventional
____cooperative
____critical
____curious
____defensive
____deliberate
____dependent
____depressed
____detached
____determined
____dismissive
____disorderly
____dissatisfied
____distrustful
____does not show feelings
____easy-going
____emotional
____energetic
____enthusiastic
____excitable
____fair-minded
____fearful
____forceful
____forgetful
____forgiving
____friendly
____generous
____genuine
____gloomy
____good-looking
____honest
____hostile
____humorous
____idealistic
____imaginative
____immature
____independent
____indifferent
____individualistic
____industrious
____inhibited
____initiative
____insecure
____insightful
____intelligent
____intolerant
____inventive
____irresponsible
____irritable
____jealous
____jolly
____lazy
____loving
____mature
____methodical
____moody
____narrow interests
____needy
____nervous
____optimistic
____organized
____original
____outgoing
____outspoken
____painstaking
____passionate
____persevering
____persistent
____pessimistic
____planful
____precise
____preoccupied
____progressive
____quarrelsome
____quick
____quiet
____rattlebrained
____realistic
____reasonable
____reckless
____reflective
____relaxed
____reliable
____reserved
____sarcastic
____seeks reassurance
____self-centered
____self-pitying
____self-reliant
____selfish
____sensitive
____sentimental
____shallow
____shy
____simple
____sincere
____smug
____sociable
____spunky
____stable
____stern
____stolid
____strong
____suspicious
____sympathetic
____temperamental
____tense
____thorough
____thoughtful
____timid
____tolerant
____touchy
____tough
____trusting
____unconventional
____undependable
____understanding
____unemotional
____unexcitable
____versatile
____warm
____wide interests
____wise
____withdrawn
____worrying

Below is a list of some of the ways you may have felt or behaved during the past month. Please indicate how often you have felt this way during the past month using the 1- 4 scale below.

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	All of the time
I was happy	1	2	3	4
I had trouble keeping my mind on what I was doing	1	2	3	4
I felt depressed	1	2	3	4
I felt that everything I did was an effort	1	2	3	4
I felt hopeful about the future	1	2	3	4
I felt fearful	1	2	3	4
My sleep was restless	1	2	3	4
I was bothered by things that usually don't bother me	1	2	3	4
I felt lonely	1	2	3	4
I could not "get going"	1	2	3	4

WHAT THIS TIME OF MY LIFE IS LIKE

The **period from 60 to 70** is when many people retire or their partners retire. What has this time of life been like for you? Using a 5-point scale, where **1 = very much disagree** and **5 = very much agree**, please indicate to what **extent you regard this time of your life as a time ...**

___full of new possibilities
___fraught with economic worries
___of serenity and gratitude
___of feeling affectionate, loving, caring/warm toward others
___of uncertainty and reevaluation
___of missing the structure of scheduled life
___of feeling proud, a sense of accomplishment, successful
___of loneliness and reduced contacts
___of not finding satisfying ways to spend my time
___of feeling less needed
___of boredom and stagnation
___of stress in relationships
___of feeling “out of things”
___of feeling like a burden to others
___of letting go of negative thoughts and feelings
___of feeling compassion for others
___of feeling awe, amazement, wonder
___to do what I want
___to be with family and friends
___to enjoy life
___to slow down
___to help others
___to develop my inner life
___to do things I haven't done before
___to be less concerned about what others think
___to go downhill
___to do things I've wanted to do more of
___to pull together the meaning of my life
___to stay engaged, active
___to have fun, laugh, feel amused